

Minnesota Society of Radiologic Technologists

Volunteer Form

\_\_\_\_\_ Annual Conference Committee

\_\_\_\_\_ By-Laws Committee

\_\_\_\_\_ Legislative

\_\_\_\_\_ Parliamentarian

\_\_\_\_\_ Sergeant At Arms

\_\_\_\_\_ Modality Specific Resource

\_\_\_\_\_ Web Content Editor

\_\_\_\_ Secretary (Voted position)- voted in even years for 2-year term

\_\_\_\_\_Treasurer (Voted position) -voted in odd years for 2-year term

\_\_\_\_\_ President Elect (Voted position)- annual

\_\_\_\_\_ President (Voted position)- annual

\_\_\_\_\_ Regional Rep (Voted position)

\_\_\_\_\_ As needed for any role, let me know how I can help!

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MSRT#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Credentials (Example-RT (R)(M)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Credentials (Example-B.S., M.S.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disciplines and Specialties actively practicing in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*Please return to an Executive Board member or via email to** [info@mnsrt.com](mailto:info@mnsrt.com)**\*\*\*\***